OFFICE OF THE STATE CONTROLLER

STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2004-11

VOTERS REGISTRATION PROCEDURES

AUGUST 31, 2004

Enclosed is material relating to the claiming reimbursement of 2003-04 fiscal year costs pursuant to Chapter 704/75, Voters Registration Procedures.

Section 2130 of the Elections Code states:

"From moneys appropriated by the Legislature, the Controller shall allocate and disburse to the counties the amounts necessary to reimburse them for net costs incurred by them in complying with voter registration provisions, including the provisions authorizing voter registration by mail and voter outreach programs, as set forth in Chapter 704 of the Statutes of 1975, as amended. The Secretary of State, in consultation with the Controller, shall develop a formula for the reimbursement of these costs. The Controller shall prescribe the forms for filing claims pursuant to this section. These claims shall be submitted to the Controller by October 31 in the year following the fiscal year in which the costs were incurred."

An individual per affidavit cost reimbursement formula was developed by the Secretary of State (SOS) in consultation with the State Controller's Office for each county based on 1992-93 fiscal year cost data. In addition, the SOS worked in a cooperative effort with county election officials over a two-year period to develop formulas for reimbursement that would accurately reflect each county's actual net costs.

Annual payment to an individual county for conducting mail registration would be the 1992-93 per affidavit cost adjusted for annual changes in the California Consumer Price Index (CA CPI) as provided by the State Department of Finance, Economic Research Unit. The CA CPI increases were 3.2% in 1993-94, 1.7% in 1994-95 and 1995-96, 2.3% in 1996-97, 2.0% in 1997-98, 2.4% in 1998-99, 3.2% in 1999-00, 4.3% in 2000-01, 2.9% in 2001-02, 2.6% in 2002-03, and 1.9% in 2003-04.

The county must complete Form VRP-1 to determine the amount that can be claimed for the 2003-04 fiscal year. A signed, original form FAM-27C, and all other forms must be submitted. Claims for reimbursement of 2003-04 fiscal year costs must be filed with the State Controller's Office, delivered or postmarked by **October 31, 2004**.

Mailing addresses for filing claims:

If delivered by
U.S. Postal Service:

other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250
Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

If there are any questions concerning the enclosed material, please write to the above address or call the Local Reimbursements Section at (916) 324-5729.

State Controller's Office Mandated Cost Manual For State Controller Use Only **CLAIM FOR PAYMENT Program** (16) Program Number 00056 **Pursuant to Elections Code Section 2130** (17) Date Filed **VOTERS REGISTRATION PROCEDURES** (18) LRS Input (01) Claimant Identification Number Reimbursement Claim Data (02) Claimant Name В (19)Ε County of Location (20)Street Address or P.O. Box Suite (21)Ε R City State Zip Code Ε (22)Type of Claim **Estimated Claim Reimbursement Claim** (23)(03) Estimated (08) Reimbursement (24)(04) Combined (09) Amended (25)(26)20 /20 /20 **Fiscal Year of Cost** (10) 20 (05) (27)**Total Claimed Amount** (06)(11) (28)Less: Prior Claim Payment Received (12)(29)**Net Claimed Amount** (13) (30)**Due from State** (07)(14)(31)**Due to State** (15)(32)(33) CERTIFICATION OF CLAIM In accordance with the Elections Code §2130, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant. The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature of Authorized Officer Date Type or Print Name Title (34) Name of Contact Person for Claim Ext. Telephone Number

E-Mail Address

Program 056

VOTERS REGISTRATION PROCEDURES Certification Claim Form Instructions

FORM FAM-27C

(01) Enter the payee number assigned by the State Controller's Office.

(02) Enter your Official Name, County of Location, Street or P.O. Box address, City, State, and Zip Code.

(03) to (07) Leave blank.

(08) If filing a reimbursement claim, enter an "X" in the box on line (08) Reimbursement.

(09) If filing an amended reimbursement claim, enter an "X" in the box on line (09) Amended. Leave box

(08) blank.

(10) No entry required.

(11) Enter the amount of the reimbursement claim from form VRP-1, line III.

(12) to (13) Leave blank.

(14) Enter the same amount as shown on line (11).

(15) to (32) Leave blank.

(33) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized representative, and must include the person's name and title, typed or printed.

Claims cannot be paid unless accompanied by a signed certification.

(34) Enter the name, telephone number, and e-mail address of the person to contact if additional

information is required.

SUBMIT A SIGNED, ORIGINAL FORM FAM-27C WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS (NO COPIES NECESSARY) TO:

Address, if delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER ATTN: Local Reimbursements Section Division of Accounting and Reporting

P.O. Box 942850

Sacramento, CA 94250

Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER ATTN: Local Reimbursements Section Division of Accounting and Reporting 3301 C Street, Suite 500

Sacramento, CA 95816

METHOD OF REIMBURSEMENT COMPUTATION Chapter 704, Statutes of 1975, Voters Registration Procedures 2004-05 Fiscal Year Costs

FORM VRP-1

	County of	
	omplete this form, indicate the number of voters' affidavits processed by I. and compute the county's reimbursement using the formula described	
I.	Affidavits processed by source:	
	a. Number of affidavits processed by the MAIL (Through postal service)	
	b. Number of affidavits received over the counter	
	c. Number of affidavits received through the Official Deputy Registration	
	Total number of affidavits processed	
II.	Formula for computing the reimbursement:	
	a. Total number of affidavits processed (Above)	
	b. Enter the county reimbursement factor. Refer to the schedule on Form VRP-2, entitled "2004-05 Reimbursement Factors by County - Amount Per Affidavit."	\$
III.	Total 2004-05 Reimbursement Claimed (Multiply IIa. times IIb.)	\$

VOTERS REGISTRATION PROCEDURES 2004-05 REIMBURSEMENT FACTORS BY COUNTY AMOUNT PER AFFIDAVIT PROCESSED

FORM VRP-2

COLDITAL	AMOUNT	COLDIENT	AMOUNT
COUNTY	PER AFFIDAVIT	COUNTY	PER AFFIDAVIT
Alameda	0.451	Orange	0.406
Alpine	2.794	Placer	0.887
Amador	2.794	Plumas	2.794
Butte	0.989	Riverside	0.451
Calaveras	2.794	Sacramento	0.451
Colusa	2.794	San Benito	2.794
Contra Costa	0.451	San Bernardino	0.451
Del Norte	2.794	San Diego	0.406
El Dorado	1.041	San Francisco	0.451
Fresno	0.989	San Joaquin	0.887
Glenn	2.794	San Luis Obispo	0.887
Humboldt	1.041	San Luis Obispo San Mateo	0.887
Imperial	2.794	San Mateo Santa Barbara	0.887
Inyo	2.794	Santa Barbara Santa Clara	0.406
Kern	0.989	Santa Ciara Santa Cruz	0.887
Kings	2.794	Shasta	1.041
Lake	2.794 2.794	Siasta Sierra	2.794
	2.794 2.794		
Lassen		Siskiyou	2.794
Los Angeles	0.406	Solano	0.887
Madera	2.794	Sonoma	0.887
Marin	0.887	Stanislaus	0.887
Mariposa	2.794	Sutter	2.794
Mendocino	2.794	Tehama	2.794
Merced	1.041	Trinity	2.794
Modoc	2.794	Tulare	0.887
Mono	2.794	Tuolumne	2.794
Monterey	0.887	Ventura	0.887
Napa	1.041	Yolo	1.041
Nevada	1.041	Yuba	2.794